CASE 3.—The following record is given to show how easy it is for medical men to be influenced too easily by the opinion of another doctor, who had seen the patient before, and to continue along the same line of thought without a proper examination.

The patient, B, a young woman thirty-five years of age, was in a hotel in the south, January 12. She attended an ordinarily happy party with the ordinary things to eat and drink, and returned to her hotel room not long after midnight, when she commenced to vomit. She vomited so incessantly that within a day she developed hemorrhages under her conjunctivae, and naturally developed pain in the upper abdomen. The hotel doctor saw her and was told by the patient that she had had a diagnosis of gall-bladder disease made some months before, at her home. She did not receive very much treatment, and returned to San Francisco to a hospital on January 15, having almost continuous vomiting and being evidently very sick. She was told by the medical man in the south that she was suffering from gall-bladder disease, and should have an operation for this condition. She called her regular physician who found, of course, the painful upper abdomen. Continuing the gall bladder idea he asked one of us, on January 18, if we would see her from a surgical point of view, as it looked to him as though she would need an operation upon her gall bladder.

On talking to the doctor, over the telephone and listening to the story, he was requested to have the complete blood chemistry examinations done, with the complete blood counts and urine analysis. On meeting the doctor in consultation it was discovered that the nurse had procured no urine for examination since the patient arrived in the hospital, and the patient, when seen by us, was unable to pass any urine, the excuse being given, as before, that the patient always went to the bathroom herself.

The report of the blood chemistry then came in as follows:

Chlorids, 528 mgms. per cent; NPN, 89 mgms. per cent; blood sugar, 147 mgms. per cent.

This definitely showed kidney damage, but even without the blood chemistry being done, as soon as any urine could be procured it was found to be almost pure blood, and the patient had no surgical condition of the abdomen.

The patient gradually, day by day, increased the amount of urine passed and slowly cleared up so that by the 28th of January the NPN was normal. Any treatment she received had very little to do with this happy result; but if even a simple and always expected examination of urine on arrival at the hospital had been done, her various doctors would have been saved much embarrassment.

COMMENT

These are rather outstanding evidences of how any one of us, through carelessness at any time, can fail to make a simple, easy diagnosis because we have not used the knowledge we actually have, have been careless in our observation, or have not given proper attention to detail. Our laboratory men offer us a great deal; let us pay them by using this knowledge.

It has been suggested to us that the title of this paper should have been: "Give Your Patients a Chance."

384 Post Street.

A PORTABLE OXYGEN UNIT

By FRANK C. REYNOLDS, M.D.
Chico

OXYGEN therapy in pneumonia is now a standard procedure. Its indications and the results to be anticipated are well known. In small communities, however, the necessity of expensive equipment has greatly limited its use. A portable oxygen unit was devised by the author that could be easily assembled anywhere, and made quickly available in an emergency.

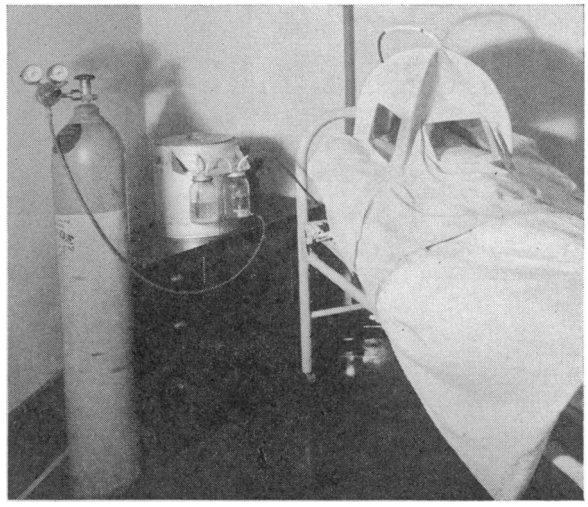

Fig. 1.—A portable oxygen unit.

Commercial oxygen is both economical and easily procurable, while medical oxygen is not. The large tanks contain approximately 6,230 liters, sufficient to maintain a rate of flow of eight liters per minute for about twelve hours. A standard welder's oxygen-regulating valve, with two gauges, was found satisfactory if the outlet is provided with a pin-hole opening to maintain a constant rate of flow. Calibration of this valve is simple, as a flow of 20 cubic feet per hour is equivalent to nine liters per minute.

To provide the necessary cooling to compensate for the increased humidity in bubbling the oxygen through water, a small cork-lined ice chest of the portable type was used. Eight coils of three-eighths inch copper tubing were soldered to the inside of this chest, leaving sufficient room in the center for approximately twenty pounds of cracked ice, which provides adequate cooling of the oxygen and greatly increases the comfort to the patient.

Two mason jars are attached to the side of this chest at the outlet of the coil. The first contains water, so the oxygen may pick up moisture as it passes through. The second one is dry and catches any excess vapor, thus preventing a fine spray from striking the patient within the tent.

The tent, constructed to fit over the head and shoulders of the patient, is 18 inches square at the base. The base of the frame consists of three-sixteenths inch iron rods, except at the front, and supports arch from each corner, to meet in the center at a height of 20 inches. It is here that the inlet tube is placed. This size has been found to be quite satisfactory. The frame is covered with 10-ounce canvas, treated with waterproof canvas dressing. This covering extends 14 inches from the frame on each side and tapers out 18 inches from the front in order to be long enough to tuck under the patient or fastened to the bed when restraint is necessary. Celluloid windows, 7 x 10 inches, are placed in both sides and the front, to provide light.

The value of this unit lies in its simplicity, and that it can be quickly assembled where the larger apparatus is not available.

Third and Salem Streets.